

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90117 023 ***150.00

DOCUMENT # 471303
 1. Entity Name
GF APARTMENTS, INC.

Principal Place of Business 1026 EUCLID AVE MIAMI BEACH FL 33139 US	Mailing Address % JULIO GURMAN 7300 WAYNE AVENUE.. #209 MIAMI BEACH FL 33141 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1662328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GURMAN, JULIO
 7300 WAYNE AVE. #209
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FEIBUSH, IGAL J 2600 ISLAND BLVD APT 1801 AVENTURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIBUSH, MICHAL 33 RUSTIC GATE LANE DIX HILLS NY 11746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURMAN, WILLIAM 3355 FREDERICK ST. OCEANSIDE NY 11572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURMAN, GABRIEL 10 LIBERTY RD. MARLBORO NJ 07746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, SILVIA 465 LINKS DR E OCEANSIDE NY 11572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GURMAN, THERESE 3239 JASON DR. BELLMORE NY 11710

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Gurman **2-20-02** **516-764-0608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)